

Part II Designation of Representative

7. You may represent yourself in this appeal, or you may choose someone to represent you. Your representative does not have to be an attorney. You may change your designation of a representative at a later date, if you so desire, but **you must notify the Board promptly of any change**. Where circumstances require, a separate designation of representative may be submitted after the original filing. Include the information requested in blocks 7 through 11.

"I hereby designate _____ to serve as my representative during the course of this appeal. I understand that my representative is authorized to act on my behalf. In addition, I specifically delegate to my representative the authority to settle this appeal on my behalf. I understand that any limitation on this settlement authority must be filed in writing with the Board."

8. Representative's address (*number and street, city, state, and ZIP code*).

9. Representative's employer

10.a) Representative's telephone number (*include area code*)

10.b) Representative's facsimile number

11. Appellant's signature

Date

Part III Appealed Action

12. Briefly describe the **agency action** you wish to appeal and attach the proposal letter and decision letter. If you are appealing a decision relating to the denial of retirement benefits, attach a copy of OPM's **reconsideration decision**. If the relevant SF-50 or its equivalent is available, send it now; however, do NOT delay filing your appeal because of it. You may submit the SF-50 when it becomes available. Later in the proceeding, you will be afforded an opportunity to submit detailed evidence in support of your appeal.

13. Name and address of the agency that took the action you are appealing (*including bureau or other divisions, as well as street address, city, state and ZIP code*)

14. Your position title and duty station at the time of the action appealed

15. Grade at time of the action appealed

16. Salary at the time of the action appealed

\$ _____ per

17. Are you a veteran and/or entitled to the employment rights of a veteran?

☐ Yes ☐ No

18. Employment status at the time of the action appealed

☐ Temporary ☐ Applicant ☐ Retired
☐ Permanent ☐ Term ☐ Seasonal

19. If retired, date of retirement (*month, day, year*)

20. Type of service

☐ Competitive ☐ SES
☐ Excepted ☐ Postal Service
☐ Foreign Service

21. Length of government service

22. Length of service with acting agency

23. Were you serving a probationary or trial period at the time of the action appealed?

☐ Yes ☐ No

24. Date you received written notice of the proposed action (*month, day, year*) (*attach a copy*)

25. Date you received the final decision notice (*month, day, year*) (*attach a copy*)

26. Effective date of the action appealed (*month, day, year*)